

**Personal Homepage Space Change Application Form,**  
**Soochow University**  
 ( For faculty and staff )

Date : (yyyy/mm/dd)

Applicant Information	Department			
	Name		Extension Number	
	E-MAIL	@ .scu.edu.tw		
Reason				
Total Space Required		MB		
Department Chairman's Signature				
Used by Computing Center Staff Only				
Account ID				
Approved Space		MB		
Staff Signature				
Remark				

## Notes :

1. Submit the completed application form to Ms. Hsuan-Hui Wang (ext. 2684) of Computing Center in Downtown Campus.
2. Approved Space could be further adjusted according to the actual usage of the system.
3. The processed application form will be sent back to the applicant's department, please keep it to your record. If you have any questions, contact Computing Center staff for details.